

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: SERGE HAUMONT

Application No.: 10/089,405
Filed: July 17, 2002

Group No.: 2614
Examiner: HASHEM, Lisa

Mail Stop 16
Director of the U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account 033975, shown on the statement dated , for the above-identified application.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

5 Excess claims	\$250.00
TOTAL REFUND REQUESTED	\$250.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

Applicant erroneously submitted payment for 12 extra claims in the filing on September 16, 2008. Applicant should have only paid for 7 extra claims. Please refund the amount of \$250 for the extra 5 claims paid for on September 16, 2008.

IV. MANNER OF REFUND

Please make refund by crediting Account No. 033975.

Date: September 25, 2008

By: /Larry J. Hume/

Larry J. Hume

Registration No.: 44,163

PILLSBURY WINTHROP SHAW PITTMAN LLP

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Attorney for Applicant

Index of Claims 	Application/Control No. 10089405	Applicant(s)/Patent Under Reexamination HAUMONT, SERGE
	Examiner LISA HASHEM	Art Unit 2614

✓	Rejected
=	Allowed

-	Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant			<input type="checkbox"/> CPA			<input type="checkbox"/> T.D.			<input type="checkbox"/> R.1.47		
CLAIM			DATE								
Final	Original	04/09/2008									
	1	✓									
	2	-									
	3	✓									
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	31	✓									
	32	✓									



**United States
Patent and
Trademark Office**



Deposit Account Statement

Requested Statement Month: September 2008
 Deposit Account Number: 033975
 Name: PILLSBURY WINTHROP SHAW PITTMAN LLP.
 Attention: ROBERTA MILES
 Street Address 1: 1650 TYSONS BOULEVARD, 14TH FLOOR
 Street Address 2:
 City: MCLEAN
 State: VA
 Zip: 22102-4859
 Country: UNITED STATES

DATE SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	
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